Pilot Healthcare PL
Family Medicine

Notice of Provider Privacy Practices

This notice describes how medical information about you may be used, disclosed and accessed. When we release information, we must release only the information we need to achieve the purpose of use. However, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement.

Without your authorization we can use the information for the following purposes:

- Treatment to best address your mental health needs
- Payment such as an insurance company
- HealthCare Operations such as quality and cost improvement activities
- As required by law, such as abuse domestic violence, criminal activity, or national security
- For public health and health oversight activities and research
- For activities related to your death
- For Worker's Compensation

Except for the situations above, we must obtain your specific written authorization for any other release of your health information.

Your Health Information Rights:

- Inspect and copy your health information. This right does not apply to psychiatric or judicial notes. You WILL BE charged a fee (per Florida law) for the copies.
- Request to correct your health information in writing and the reason for your request.
- Request restrictions on certain uses and disclosure.
- Receive health information by alternate ways if we can accommodate.
- Receive a record of disclosures of your health information, on a limited basis. This would include date, who received, dried description, and why disclosure was made. This list will not include disclosures "without your authorization" above.
- Obtain a paper copy of this notice.
- Make a complaint to us and the Department of Health and Human Services. Please contact Dr. Bruce Bridewell or his designated representative.

Acknowledgement of Receipt of Privacy Notice

This form must be signed on your first date of service.

Your signature attests you have received a copy of this notice and the provider has given you a change to discuss your concerns or questions.

Printed Patient Name	Patient Signature	Date